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AUTHOR	Bell, Catherine; Chalufour, Ingrid
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ABSTRACT

One of four packets designed to help day care providers serve handicapped children and their parents, the booklet describes ways to create awareness of and positive attitudes toward handicapped children. Discussion of a 1-day workshop is followed by excerpts from writings of pediatricians and educators on the needs of children with disabilities. Workshop activities described include simulation activities to help participants understand the feelings accompanying handicaps. Appended materials include a list of books, films, and recipes. (CL)

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Creating Awareness

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EC151934

Special Needs Children in Family Day Care

Introduction

One of our Outreach projects this year has been the development of training materials for family day care programs which serve young children with special needs.

These materials are based on a second year of Outreach training given to family day care providers in rural Washington County, Maine. In the first year, a working relationship was established and some important general training needs were met. This year, our four workshops focused on special needs children. Now, we are looking forward to and planning a third year! The on-going nature of this association has allowed us to be even more effective in "building" rapport, knowledge, and meaningful exchange between our agencies and among providers.

Working in a rural, isolated county with a group of approximately ten busy providers of differing needs and abilities, our only "hold" has been the quality of what we had to offer. Our philosophy is to bring providers together at our workshops - giving them a chance to consider and practice new ideas and methods, as well as share the problems and successes of their jobs. WCCP Outreach advisors, assigned for the year to each provider, are present at these workshops. In-between, advisors make regular visits to the day care homes, working with providers in their own environments. In this way, they find a style appropriate to the individual's family and home, while providing assistance, materials, and information.

This two-fold approach is based on the belief that building confidence and group rapport is paramount. Shared meals at workshops, recognition of accomplishments, time for involvement activities, and regular communication via memos through the mail are some of the means to this end.

From the start, we have had the support of the county director for family day care. We jointly decided on the topic for the first Outreach workshop, and future training was an outgrowth of both this and common concerns expressed by providers. Each of the following workshops may be viewed as an entity in itself, and yet part of a progression based on evolving needs:

1. Screening and Identification
2. Stimulating Language
3. Creating Awareness
4. Communicating With Parents

The four packets, making up Special Needs Children in Family Day Care, may be used as a series or singly and are appropriate for a variety of group situations, in addition to family day care.

Catherine Bell, Product Development Coordinator
Ingrid Chalufour, Outreach Training Coordinator

CREATING AWARENESS

Agenda

1. Coffee, snack, and sharing of new resources (30 min.)
2. Introduction and Involvement Activity (30 min.)
3. Statement of Workshop Goals (15 min.)
4. Experiential Games: "Trying On" Handicaps (1 hr.)
5. Lunch (1 hr.)
6. David, a film (30 min.)
7. Discussion with consulting Child and Family Therapist (1½ hrs.)
8. Evaluation (15 min.)

CREATING AWARENESS

Agenda: Explanation & Evaluation

The following numbers correspond to those on the agenda.

1. As in all our workshops, time for relaxing and conversation is built in at the day's start. We encouraged providers and advisors to look over a display of new materials relevant to family day care and enjoy a nutritious morning snack.

2. To begin on a positive note, we asked everyone to tell of a recent success with a child. Also, as our workshops were done in sequence, we chose this time to relate back to the first training session on Screening and Identification. Each provider described a positive result of doing the screening, as well as a problem she had. People were open and responsive, reinforcing each other.

3. Dealing with awareness of and attitudes toward the handicapped may be difficult, if not intimidating, so we made a special effort to present this workshop in a non-threatening manner. Our goals were deliberately general. A case in point is our workshop announcement. We hoped that a previous reading of the excerpts from Caring for Your Disabled Child would give providers a place to start and enhance workshop discussions. (See samples.)

4. In a tension-releasing atmosphere of fun, these "games" promote serious insight and empathy. An almost spontaneous discussion followed this session. Some of our games came from What's the Difference? - Teaching Positive Attitudes Toward People with Disabilities by Ellen Barnes, Carol Berrigan, & Douglas Biklen - an excellent resource. For later reference, we included simple printed pamphlets on various handicapping conditions in each provider's workshop packet. (See samples.)

5. Lunch was provided by the trainer - a variation on the pot-luck theme. Recipes for the day's unusual menu were available on a handout. (See sample.)

6. This excellent film lends itself to a variety of discussion topics, such as helping other children understand the child with special needs, coming to grips with your own attitudes, and how your own and society's expectations for the handicapped affect their development. During our discussions, some providers asked for help, should handicapped children be placed in their homes. (See sample.)

7. We wanted to set up a supportive, supervised atmosphere in which to respond to the film and evoke attitudes and feelings about handicapped people. This was also a chance for providers to discuss any individual cases or problems. Our consultant provided this "safe" setting at the end of the day's consciousness-raising activities.

8. We try to allow plenty of time for the evaluation process - believing that it benefits everyone involved. (See sample.)

WASHINGTON COUNTY CHILDREN'S PROGRAM OUTREACH

A Workshop for Day Care Providers

Monday, March 1, 1982

at the

Washington County Children's Program Office

"In general special children are more like non-disabled children than they are different. Recognizing their needs as individuals will do much towards helping them grow strong and well."

Dr. Benjamin Spock and
Marion Lerrigo, Ph.D. in
Caring for Your Disabled Child

Join us for a relaxing day of conversation, games and movies.

Lunch will be provided by Outreach.

Please read the enclosed article - excerpts from Caring for Your Disabled Child.

A SPECIAL CHILD'S BASIC NEEDS:
FOR CHILDCARE PROVIDERS

Excerpts from: Caring for Your Disabled Child, by Benjamin Spock, M.D. and Marion Lerrigo, Ph.D.

Introduction:

This article was primarily written for parents of disabled children. But childcare providers are often substitute parents for children in their care. We hope it can offer you some guidelines in caring for the disabled child.

1. Any Child's First Need Is A Sense of Security And Trust.

All children ask from time to time, when they feel disapproved of, "Do my parents love me?" The handicapped child who gradually realizes that he is different and that he disappoints his parents at times has more reason to ask that question. When his parents can show him that they enjoy him and approve of him most of the time, it reassures him and comforts him.

One way you show any child that you are fond of him is by taking an interest in his accomplishments. The disabled child may be slower in learning to talk. But late or early, he needs approval of his accomplishments just the same. It may be harder for parents to show it, because of their sadness at the delay.

All children notice how their parents treat them as compared with their brothers and sisters. In some families,parents act as if the child with a disability must always be given the best and most of everything. Then the handicapped child may conclude that he is the favorite or that his parents feel sorry for him. Neither conclusion is healthy, either for the handicapped child or for his brothers and sisters.

The important thing is for each child to know that his parents try to provide fairly for him. The fact that each child's needs differ, and that what is given to one may therefore differ from what is given to another, doesn't mean that parents love one child more or less than the other. If parents are clear about this in their own minds, children will accept it. In this sense, brothers and sisters can accept the special treatment given to the child with a disability - if it is fair.

Children sense how their parents feel about them in the presence of outsiders. By taking a child out, introducing him to visitors as a matter of course, as you do his brothers and sisters, by encouraging him to mingle with guests on appropriate occasions, and by making him a natural part of the group, you show him that you think well of him and expect him to please other people. /

2. The Need for Friends and Social Acceptance.

A child with a disability needs help particularly in learning how to be socially appealing. The heart of this matter lies in his feelings about others and about himself. If he's always thinking about his limitations, he will be insecure with others. But even if he is comfortable about himself he won't be able to make friends until he has learned to share interests with others. A child doesn't get this practice in a family if he is too much the center of attention; he becomes accustomed to receiving without ever having to give.

Until about three, children are predominantly self-centered. But by three or four, happy children come to feel generous impulses toward others. Parents should foster these feelings by helping children to share toys, to play cooperatively, to make gifts for others, and to be helpful within the family.

Parents may need considerable ingenuity to find ways in which a handicapped child may be useful, but even a bedfast child can do some things. Maybe it's polishing the apples for a bowl of fruit or drying the table ware. Perhaps the child who uses his hands awkwardly can still shake the scouring powder into the bathtub and scrub it.

Is it better for your child to associate with other handicapped children or to find his friends among children without disabilities? Especially in the early stages of learning sociability, some handicapped children find themselves more at ease when they are part of a group with disabilities and problems similar to their own. But if your handicapped child can share happily in at least some of the activities of nonhandicapped children, his childhood will be richer and it will be good preparation for the experiences he will have with all kinds of people when he is grown.

3. The Need for Play and Recreation. Play is an essential part of a child's way of growing up. When he is riding a tricycle he is having fun, but he is also improving his coordination.

Handicapped youngsters have a great need of the pleasures and rewards of recreation but they have fewer opportunities than the average. Sometimes parents are unduly cautious about letting them participate. And the neighborhood children may just assume that the orthopedically handicapped or blind or deaf child is unable to take part in games and social events. Actually, many handicapped persons have become proficient in games and sports. Many more can enjoy physical activities when these are adapted to the limitations of the disability.

4. The Need for Guidance, Control, and Discipline. Lots of people shrink from the very thought of disciplining their handicapped child, especially if they think of discipline only as denying the child what he wants or inflicting physical punishment. The purpose of discipline, in the broad sense, is education in conduct and control. Every child needs this kind of guidance. It develops his own standards of behavior so that as he grows older he can depend less on external authority.

Every general rule about discipline applies equally well to the handicapped child. A child will be better liked and therefore happier if he has learned how to get along with others. The handicapped child must learn how to satisfy his own legitimate needs in ways that are acceptable to other people.

There has been plenty of argument in recent years about the merits of permissiveness and strictness. The truth is that some loving, warm-hearted parents can be moderately strict and others moderately permissive with equally good results.

With any child the routines of the day - dressing, eating, going to bed - can become occasions for friction. In the case of the child with a disability, when the routine may be part of a prescription that has been carefully worked out by doctors and therapists, problems of discipline are even more likely to arise. Parents have to stick to their guns when they are helping to carry out the doctor's instructions. If they show that they are uncertain or anxious, or that they disagree with the doctor, the child will become more resistant. Parents can still be tactful and pleasant. Sometimes a simple explanation will increase a child's willingness to cooperate. It also helps if you let your child know that you understand his objections, even though you insist on compliance with the doctor's instructions.

Children react to frustration in different ways. Some accept defeat rather apathetically; others fight for what they want. Still others react with anger. A young child may cry or throw himself on the floor in a furious tantrum. An older child may take out his anger on other people, perhaps behaving rudely to his parents or blaming his failure on someone else.

The heat of anger is not a good time for discussion, especially if you feel angry too. One young child may calm down more readily if he is left to himself; another may need an affectionate gesture from one of his parents in order to forget his resentment. It helps if parents occasionally remind a child who has been angry that they know he feels cross with them sometimes, as all children do. But this doesn't mean that they permit rudeness.

The handicapped child may be particularly subject to frustration if what he was trying to do is too hard for him. A thoughtful parent may be able to help him set his sights a little lower. If what he wants to do is quite beyond his abilities, he needs help in finding something interesting that he <u>can</u> do. If he can't play baseball, perhaps he can keep score. If he can't skate, perhaps he can learn to swim.

Parents may become confused about disciplining a mentally retarded child. In their eagerness to have him mature they may expect him to do things that he doesn't understand, and they may penalize him when he falls short of their expectations. Mental retardation affects not only the child's school work but also his ability to carry many simple kinds of responsibilities and to develop social relationships. This is a situation in which most parents need regular counseling.

5. <u>The Need for Independence</u>. Children work hard at learning to do things for themselves. They often attempt things that are still too hard for them. They may feel dependent one day and scorn assistance the next. But in the long run, well adjusted children want to move toward adulthood and independence. Although a disabled child may have to take a longer way around to reach his goal, and although some children can never go all the way, each child should be encouraged to become just as independent as he can. He needs encouragement in acquiring the physical skills that enable him to do things for himself, he needs opportunities to make decisions and to carry suitable responsibilities, he needs a sense of

personal worth to build his self-esteem. Like other children, he needs an education that will develop his capacities and give him the opportunity to be self-supporting, if that is possible.

Certain disabilities mean permanent dependency - at least physical and financial dependency. Occasionally this has a deeply depressing effect on a child. He may become morbidly afraid of what would happen if the people on whom he depends should cut him off from their help. Then, for fear of displeasing them, he may become completely inactive. Such a frame of mind is unlikely to develop when the child is sure of his parents' love, and when those who look after him encourage him to do all he can. Many disabled boys and girls require training in activities of daily living, in order to master the practical matters of everyday life.

No matter what his disability, a child should have some responsibility for duties around his home. This gives him the feeling that he, too, is a useful appreciated member of the family. He also needs increasing opportunity to make decisions as he grows older. Learning to make decisions begins in a small way when the child is very young. It may be an occasional choice of a bedtime story or, a little later, a choice between two sweaters or what to put into a lunch box.

6. The Need for Varied Experiences. The boy or girl with a disability is often deprived - unnecessarily - of a great many experiences through which children learn about their neighborhood, about nature, and about the way people work and play. It is easy to see why this happens when children have to spend long months or years in a hospital, but it is also true of some children who are confined to wheelchairs or who can't get around easily for some reason.

The fact is that every child matures by his experiences. If he has substantially less than other children his age, he will not be able to keep up with them socially and scholastically.

In general special children are more like non-disabled children than they are different. Recognizing their needs as individuals will do much towards helping them grow strong and well.

prepared by: BANANAS, Child Care Information & Referral Service, 6501 Telegraph Ave., Oakland, CA 94609

SAMPLES

MY FINGERS DON'T WORK

Objectives:

1. To experience poor fine motor coordination (such handicaps are cerebral palsy, Parkinsons, quadriplegia, etc.).
2. To experience the frustration of not being able to perform simple tasks.

Group Size:

Flexible.

Time Period:

15-20 minutes.

Materials:

One pair of work gloves per participant. (Fingers should be stuffed with tissues.)
One pair of scissors per participant.
Sheet of paper.

Physical Setting:

Average Room.

Procedure:

1. Objectives are briefly discussed.
2. Participants are asked to untie their shoes.
3. Each participant is given a pair of work gloves to put on. (Gloves should be worn on opposite hands.)
4. Participants are asked to:
   a. Tie shoes.
   b. Fold a paper.
   c. Zip up or button an article of clothing.
   d. Pick up some money from the floor.
   e. Cut paper.

Variation:

Group leader might wish to communicate impatience with group's slowness in performing various fine motor tasks during exercise. Later, the group's feelings about the additional "pressure" of the group leader might be discussed related to how a handicapped individual might feel about not performing up to expectations.

Follow-up:

Follow-up discussion should include discussion of the frustration of not having one's fingers perform as expected.

from: Everybody Counts - A Workshop Manual to Increase Awareness of Handicapped People, Copyright 1979, The Council for Exceptional Children, 1920 Association Drive, Reston, VA 22091.

READING MADE UNEASY

Objectives:

1. To experience learning when the difficulty of the task is very high.
2. To develop an awareness of the frustration of a learning situation experienced by a retarded or learning disabled student.
3. To generate a better understanding of why some children avoid specific tasks, give up or dislike particular subjects, dislike school related activities or develop failure syndromes.

Group Size:

Flexible.

Time Period:

20-30 minutes.

Materials:

1. Enough copies of each of the four poems demonstrating:
   a. syntax or the reversal of words in a sentence (Handout 5);
   b. transpositions or disorders of visual sequence (Handout 6);
   c. reversals, inversions and rotations of letters (Handout 7);
   d. combination of all of the above (Handout 8).

Physical Setting:

Average size room.

Procedure:

1. Participants are instructed to sit in a circle.
2. The first poem is handed out and participants are asked to read one at a time.
3. After participants have time to analyze the first poem, the second poem is handed out.
4. The same process is continued with all four poems.
5. At the end of the exercise, the facilitator explains:
   a. "The first poem was a simple example of a problem with syntax, or in other words, the reversal of words in a sentence."
   b. "The second poem was an example of transpositions or disorders of visual sequence."
   c. "The third poem was an example of reversals, inversions and rotations of letters."
   d. "The last poem involved all three previous types of reading problems. Children having reversal problems seldom have just one kind of problem. Usually, it is a combination of several different types of problems."

Follow-up:

Facilitator elicits from group feelings related to experience of reading difficulty.

HANDOUT 5

I a know little cupboard
with teeny a key tiny
and there's jar a lollypops of
for me, me, me.

It a has little my, shelf dear
as dark as dark be can,
and there's dish Banbury of Cakes
for me, me, me.

I have a small grandmama
with very a knee slippery
and keeper she's of cupboard the
with the key, key, key.

HANDOUT 6

The strom came pu os very quikc
it coulnd't haev been quikcre
I should have rbought ym aht along
I hsould haev rbought ym lsikcre.

Ym hari si wet ym feet are wte
I couldn't eb muhc wettre
I fell niot a rivre once
Btu thsi si even bettre.

HANDOUT 7

I LIKE TO SEE

THE PUPPIES JUMP

AND BUMP

SOME ARE THIN

AND SOME ARE PLUMP

THEY'RE MADE OF WOOD

I WISH I COULD

MAKE THEM JUMP

HANDOUT 8

HERE I GO IN MY SWING

AS HIGH AS

I MAKING THE OF THE SIDEIP

AND THE KING

OF THE TWON

SAY THAT AGAIN?

Objectives:

1. To experience a learning task where the level of difficulty is very high.
2. To experience the frustration of a retarded and learning disabled person.
3. To experience being in a position of needing help.

Group Size:

Flexible.

Time Period:

10 minutes.

Materials:

Plain 8½ x 10 paper and pencils. (See Fig. 4).

Physical Setting:

Average size room.

Procedure:

1. Each participant receives a piece of paper and a pencil.
2. The following directions are read seriously with a straight face by the facilitator. Begin slowly but pick up speed in talking.

   "Fold this square piece of paper in two along the diagonal. You now have a triangle - (Pause). Mark a point on the diagonal at 1/3 of the distance starting from the left angle, and another at the middle of the triangle's left side. Fold the left angle along the line between the two points so that the left angle reaches towards the right side - (Pause). Now draw a point at the middle of the right side, draw another point at 1/3 of the diagonal starting from the angle of the right, draw a line between those two points, and fold along the line you have just drawn - (Pause). In order to finish the cup, separate the two angles of paper at the top of the old triangle on each side of the cup. Open the cup."
3. Participants will indicate confusion and ask for repetition of instructions. Facilitators should repeat directions in a somewhat impatient ("Okay, but try and listen") manner.

Variations:

Any learning task could be substituted which uses a complicated set of directions.

Follow-up:

Follow-up discussion should relate to the purpose of this exercise. Participants should share their feelings of frustration and then try to relate this to a child who has a learning problem of focusing or following directions. Point out the lack of visual cues may have added to difficulty and relate this to learning situations where multiple channels of information (auditory visual, kinesthetic) may be helpful. Participants should relate their feelings when they had to ask for the directions to be repeated or when the teacher seemed annoyed at their asking.

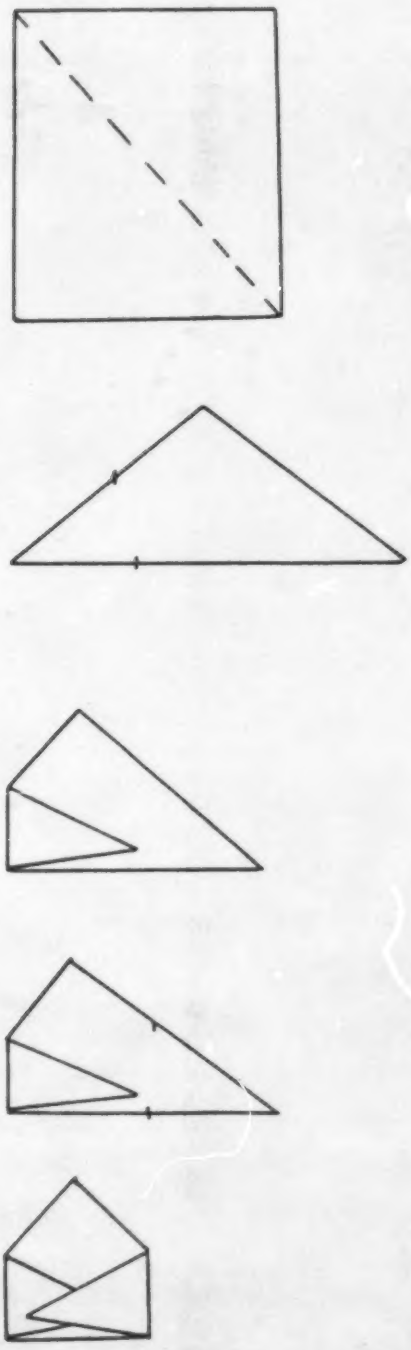

Figure 4. Paper-Folding Procedure.

CREATING AWARENESS

Resource Materials

When You Care for Handicapped Children (Stock Code 0943)

Designed for day care and home care providers to give information on screening, assessment, referral and individual plans, as well as on all the major handicapping conditions. A section titled "Special Considerations" treats such topics as adapting the environment for handicapped children, the importance of self concept, and how to involve parents. It includes practical suggestions for activities, for adaptations of materials and equipment for each of the handicapping conditions, and a listing of additional resources for information and services. 500 pages.

We ordered this and have found it invaluable.

Pamphlets in English (Stock Code 0944)

Screening, Referral and Assessment
Health Impairments
Physical Impairments
Visual Impairments
Hearing Impairments
Speech and Language Disabilities
Emotional Problems
Learning Problems
Adapting the Environment
Self Concept
Handicapped Infants
Parents

These materials were included in a packet for workshop participants. The simple, concise format is useful to busy providers who may have varying experience and educational backgrounds.

prepared by Southwest Educational Development Laboratory. Available from: Distribution Coordination, Media Services Division 151-X, Texas Dept. of Human Resources, P.O. Box 2960, Austin, TX 78769

A Sandwich Spread (served on bagels)

Mash together: 8 oz. cream cheese
1 ripe banana
a squirt of lemon juice

Add some: Raisins
Chopped toasted nuts

Moosewood Cookbook
by Mollie Katzen, p. 84.
Ten Speed Press
P.O. Box 7123
Berkeley, CA 94707

Welsh Rarebit

Melt: 4 T Butter or margarine in a saucepan

Add: 3 T Flour and stir well

Slowly add: 1 C Milk, stir as it thickens

Season with: 1 t mustard
1 t salt
1/8 t cayenne
1 t paprika

Turn down heat and add: ½ C grated cheese

Stir continuously until smooth.

The All Kid's Natural Foods Cookbook, p. 25.
All Kid's Day Care Center
855 Grove St.
E. Lansing, MI 48823

Orange Honey Sauce (for fresh fruit salad)

½ C honey
3/4 C orange juice
1 teas. grated orange rind
pinch salt

Mix and chill

Deaf Smith County Cookbook
Marjorie Ford, Susan Hillyard,
and Mary Kooch, p. 303.
Collier Macmillan Publishers
New York, NY , 1973.

DAVID - A Portrait of a Retarded Youth

"Optimistic without being cloying, this (is a) testament to the educability of the mentally retarded as well as to the potential of the human mind and spirit..."

Booklist
American Library Association

Down's syndrome! Mongoloid! These chilling words have always meant the newborn baby was condemned to a life of severe physical and mental limitations.

But not always. David McFarlane was such a child. Now at 16 he is a poised, athletic, articulate young man who just finished an assignment to play the lead in a television drama about mongolism. He enjoyed his grueling rehearsal and shooting schedule, successfully memorized his part, made friends with the crew, and won an international acting award.

David talks freely about his handicap and the set backs and triumphs of his life. We meet his family, whose support and love allowed him to stretch the limitations of his disability. We learn how the school system can "make or break" the mentally handicapped.

Seeing David's determined efforts to master new situations, and his success in many areas, will inspire those who work or live with the mentally handicapped.

- ALA Selected Film for Young Adults, 1981
- Blue Ribbon, American Film Festival, 1980
- Bronze Plaque, Columbus Film Festival, 1980
- Midwest Film Conference, 1981
- American Speech and Hearing Association, 1981
- First Prize, Developmental Disabilities, Conference on the Exceptional Individual, 1980
- Best of Show, American Occupational Therapy Association, 1981
- American Association on Mental Deficiency, 1981
and numerous other awards

To order: Filmakers Library, Inc.
133 East 58 Street
New York, NY 10022
(212) 355-6545

page from: Filmakers Library catalog of Award Willing Films 81/82.

WASHINGTON COUNTY CHILDREN'S PROGRAM

Outreach Project

Training Evaluation

Subject of Session _____

Name(s) of Trainer(s) _____

Date _____

	Rating Scale				
	Poor				Excellent
1. What is your overall rating of the session?	1	2	3	4	5
2. What was the quality of the presentation?					
a. organization	1	2	3	4	5
b. interest	1	2	3	4	5
c. materials used	1	2	3	4	5

3. Did the trainer(s) clearly state the goals and objectives for the session?

_____ Yes _____ No

4. Do you feel more knowledgeable about the subject presented?
Please comment:

5. What changes or additional topics would you suggest?
Please comment:

6. List specific areas of interest which you would like to see addressed in follow-up programs.
Specific Areas:

7. How was the length of the presentation?

We welcome additional comments and suggestions. Thank you.

Washington County Children's Program Outreach

Day Care Home Advisor Record Sheet

Day Care Provider: Advisor:

Date of visit to home:

Purpose of visit:

Preparation previous to visit:

Day Care Provider's Concerns and Interests:

Your Comments on Visit:

Future Plans:

Ideas/Implications for development of Day Care materials: